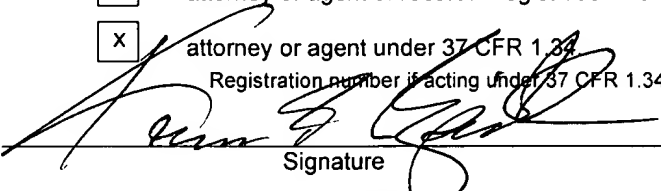


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|  |                                  |  |                         |
|--|----------------------------------|--|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)   |                                  | Docket Number (Optional)<br>449122004000 |                         |
| Application Number<br>09/820,789   |                                  | Filed<br>March 30, 2001                  |                         |
| For <b>METHOD FOR PROTECTION OF CONTACTLESS SIGNAL TRANSMISSION FROM A TRANSMITTER TO A RECEIVER, AND A SIGNAL TRANSMISSION DEVICE</b>   |                                  |  |                         |
| Art Unit<br>2637   |                                  | Examiner<br>Y. T. Tse                    |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  |                                  |  |                         |
|  |                                  | <u>Fee</u>                               | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/>  | One month (37 CFR 1.17(a)(1))    | \$120                                    | \$ 120.00               |
| <input type="checkbox"/>   | Two months (37 CFR 1.17(a)(2))   | \$450                                    | \$                      |
| <input type="checkbox"/>   | Three months (37 CFR 1.17(a)(3)) | \$1020                                   | \$                      |
| <input type="checkbox"/>   | Four months (37 CFR 1.17(a)(4))  | \$1590                                   | \$                      |
| <input type="checkbox"/>   | Five months (37 CFR 1.17(a)(5))  | \$2160                                   | \$                      |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |                                  |  |                         |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.   |                                  |  |                         |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |                                  |  |                         |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |                                  |  |                         |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> <del>I have enclosed a duplicate copy of this sheet.</del> Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate. |                                  |  |                         |
| I am the <input type="checkbox"/> applicant/inventor.  |                                  |  |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  |                                  |  |                         |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____  |                                  |  |                         |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34<br>Registration number if acting under 37 CFR 1.34 <u>43,148</u>   |                                  |  |                         |
| <br>Signature   |                                  | May 17, 2006<br>Date                     |                         |
| Kevin R. Spivak<br>Typed or printed name   |                                  | (703) 760-7762<br>Telephone Number       |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.  |                                  |  |                         |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.  |                                  |  |                         |